



GP. 1644

PATENT  
Attorney Docket No. HAR-001DV

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9/18/99  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Strominger et al.  
SERIAL NO.: 08/991,628 GROUP NO.: 1644  
FILING DATE: November 5, 1997 EXAMINER: T. Cunningham  
TITLE: IDENTIFICATION OF SELF AND NON-SELF ANTIGENS  
IMPLICATED IN AUTOIMMUNE DISEASE

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 2<sup>nd</sup> day of September, 1999.

  
Denise Sturges

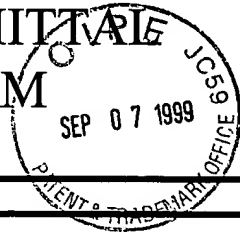
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 pg.); Supplemental Information Disclosure Statement (2 pgs.); PTO Form 1449 (1 pg.); copies of cited references B1-B6 and C1-C7; Associate Power of Attorney (1 pg.); and a return postcard.

# TRANSMITTAL FORM



Application Serial Number	08/991,628
Filing Date	November 5, 1997
First Named Inventor	Strominger et al.
Group Art Unit	1644
Examiner Name	T. Cunningham
Attorney Docket No.	HAR-001DV

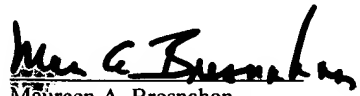
## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input type="checkbox"/> Amendment/Response<br><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><br><input type="checkbox"/> Extension of Time Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Form PTO-1449<br><input checked="" type="checkbox"/> Copies of IDS Citations B1-B6, C1-C7<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input checked="" type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> )<br><br>Associate Power of Attorney (1 pg.) |
|---|---|---|

### CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
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### SIGNATURE BLOCK

Respectfully submitted,  
  
 Maureen A. Bresnahan  
 Atty/Agent for Applicant(s)  
 Testa, Hurwitz & Thibault, LLP  
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Date: September 2, 1999  
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IN AUTOIMMUNE DISEASE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In accordance with the provisions of 37 C.F.R. §1.97, Applicants hereby make of record the references listed on the accompanying Form PTO-1449 for consideration by the Examiner in connection with the examination of the above-identified patent application. Copies of the references are enclosed.

REMARKS

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed (CHECK ONE):

- ☐ (1) within three (3) months of the **Filing Date** or before the mailing date of the **First Office Action** on the merits; or
- ☒ (2) after the period defined in (1) but before the mailing date of a **Final Rejection** or **Notice of Allowance**, and
- ☒ the requisite Statement is below, **OR**
- ☐ the requisite fee under Rule 1.17(p), namely **\$240.00**, is included herein, or
- ☐ (3) after the mailing date of a **Final Rejection** or **Notice of Allowance** but before the payment of the **Issue Fee**, **AND**
- ☐ Applicant hereby Petitions the Commissioner to accept and consider the attached Information Disclosure Statement, **AND**
- ☐ the requisite Statement is below, **AND**

☐ the requisite petition fee due under Rule 1.17(i)(I), namely **\$130.00** is included herein.

It is respectfully requested that each of the references shown on the attached Form PTO-1449 be made of record in this application.

### STATEMENT

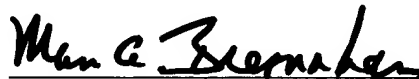
As required under §1.97(e), Applicants, through the undersigned, hereby state either that [check the appropriate space]:

- ☒ 1. [E]ach item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application **not more than** three months prior to the filing date of the Information Disclosure Statement; or
- ☐ 2. [N]o item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and to the knowledge of the person signing this Statement after making reasonable inquiry, no item of information contained in the Information Disclosure Statement was known to **any** individual designated in §1.56(c) **more than** three months prior to the filing of the Information Disclosure Statement.

### FEE AUTHORIZATION

Should any fee associated with the submission of this paper not be attached hereto as a check, the Commissioner is authorized to charge the missing fee to our Deposit Account, No. 20-0531. Any overpayments should be credited to said Deposit Account.

Respectfully submitted,



Maureen A. Bresnahan  
Atty/Agent for Applicant(s)  
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125 High Street  
Boston, Massachusetts 02110

Date: September 2, 1999  
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